

Indiana Natural Resources Foundation

Membership Form

Membership Level

- ___ \$1,000 Receive all the benefits listed below, name recognition in *Outdoor Indiana*, and invitations to all dedications and exclusive events
- ___ \$500 Receive all the benefits listed below and an Annual State Park Entrance Pass
- ___ \$250 Receive all the benefits listed below and a one year subscription to *Outdoor Indiana*
- ___ \$100 Receive all the benefits listed below and name recognition in the Foundation's Annual Report
- ___ \$50 Receive all the benefits listed below and a commemorative membership pin
- ___ \$25 Receive the next copy of *Outdoor Indiana*
- ___ Please accept my donation of \$ ____.

Name as it should appear in Annual Report

Address

City

State

Zip

Email

Phone

☐ Sign me up for MyDNR, the quarterly electronic newsletters of the Indiana Department of Natural Resources.

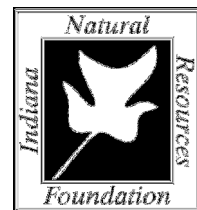
☐ Please accept my check made out the Indiana Natural Resources Foundation.

☐ Please charge my Visa/ Mastercard Card #: _____

Expiration Date: ____/____

Signature: _____

Mail completed form with payment to:
Indiana Natural Resources Foundation
402 West Washington Street Room W256
Indianapolis, IN 46204



If you have any questions, please contact Bourke Patton at (317) 234-5447
or bpatton@dnr.IN.gov